U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.0 439 or 440.

For O	fficial (Jae Only
E	COST TO SOLO

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File N	1. File Number U - 1703/		2. Fiscal Year Covere	ed From:	
	-		01/01/2004	Through 12/31/2004	
3. Name	and address of pe	rson filing.	4. Name, file number,	, and address of labor organization.	
Name	Mike Bergen		Name Teamster U	Inion Local No. 166	
P.O. Box	ι, Bldg., Room No., i	if any POBox 899	Labor Organization P.O. Box, Bldg., Ro	n File Number 036206 com No., if any PO Box 899	
Street	Street 18597 Valley Blvd		Street 18597 Valle	y Blvd	
City	Bloomington		City Bloomington		
State	CA	ZIP Code + 4 92316-0899	State CA	ZIP Code + 4 92316-0899	
5. Positi	on in labor organiz	ation. Secretary Treasurer			

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or employer whose employees your organization represents or is active.		
6. Name and address of Employer (including trade name, if any).	7. a. Nature of Interest, Transaction, or Income.	
Name	N/A	
Trade name, if any	N/A	
P.O. Box, Bldg., Room No., if any N/A		
Street	7. b. Amount	
City	N/A	
State ZIP Code + 4		

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the
best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on pena ties in the instructions.)

Signed Mill Beliger

on 8/10/05

909-877-8326 Telephone Number

B. Held an interest in or derived income or economic benefit with monetary valueselling or leasing to, or otherwise dealing with the business of an employer who represent, or(2) any part of which consists of buying from or selling or leasing datrust in which your labor organization is interested.	se employees your labor organization represents or is actively seeking to	
8. Name and address of Business (including trade name, if any).	9. Business deals with	
Name		
Trade name, if any	a. Łabor Organization ++++++	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street	c Employer	
City	c. Employer	
State ZIP Code + 4		
10. If 9 b. or 9 c. is checked give trust or employer's name	11. a. Nature of such dealing. 8/16/2004 Dinner with Counsel of Local	
Name George Pappy / Attorney At Law	Union after Construction Teamsters Trust Fund Meeting	
Trade name, if any Reich, Adell, Crost & Cvitan		
	11. b. Approximate dollar value of such dealing. \$30.00	
P.O. Box, Bldg., Room No., if any	12. a. Nature of interest held or income received.	
Street 3550 Wilshire Blvd., Suite 2000		
City Los Angeles, Ca.	N/A	
State Ca. ZIP Code + 4 \$90010 / 2421		
	12. b. Amount \$30,00	
C .Received from any employer (other than an employer covered under parts payment of money or other thing of value.	A and B above) or from any labor relations consultant to an employer any	
13. a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14. a. Nature of payment.	
Name		
Trade name, if any		
P.O. Box, Bldg., Room No., if any N/A	N/A	
Street		
Street City		

File Number U-

Name of Person Filing

Mike Bergen

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Name of Person Filing Mike Bergen	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary valuselling or leasing to, or otherwise dealing with the business of an employer who represent, or(2) any part of which consists of buying from or selling or leasing datrust in which your labor organization is interested.	se employees your labor organization represents or is actively seeking to	
Name and address of Business (including trade name, if any).	9. Business deals with	
Name	Labor Owner in the	
Trade name, if any	a. Labor Organization ++++++	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street	c. Employer	
City	C. Employer	
State ZIP Code + 4		
10. If 9 b. or 9 c. is checked give trust or employer's name	11. a. Nature of such dealing. 11/20/2004 Dinner with Counsel of Local Union after Construction Teamsters Trust Fund Meeting (including	
Name George Pappy / Attorney At Law	spouse)	
Trade name, if any Reich, Adell, Crost & Cvitan		
	11. b. Approximate dollar value of such dealing. \$140.00	
P.O. Box, Bldg., Room No., if any	12. a. Nature of interest held or income received.	
Street 3550 Wilshire Blvd., Suite 2000		
City Los Angeles, Ca.	N/A	
	N/A	
City Los Angeles, Ca.	N/A	
City Los Angeles, Ca.	N/A	
City Los Angeles, Ca.	N/A 12. b. Amount \$140.00	
City Los Angeles, Ca.	12. b. Amount \$140.0 0	
City Los Angeles, Ca. State Ca. ZIP Code + 4 \$0010 / 2421	12. b. Amount \$140.0 0	
City Los Angeles, Ca. State Ca. ZIP Code + 4 \$00010 / 2421 C. Received from any employer (other than an employer covered under parts	12. b. Amount \$140.0 0	
C .Received from any employer (other than an employer covered under parts payment of money or other thing of value. 13. a. Name and address of Employer or Labor Relations Consultant	12. b. Amount \$140.00 A and B above) or from any labor relations consultant to an employer any	
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City Los Angeles, Ca. State Ca. ZIP Code + 4 \$0010 / 2421 C. Received from any employer (other than an employer covered under parts payment of money or other thing of value. 13. a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	12. b. Amount \$140.00 A and B above) or from any labor relations consultant to an employer any	
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City Los Angeles, Ca. State Ca. ZIP Code + 4 \$90010 / 2421 C.Received from any employer (other than an employer covered under parts payment of money or other thing of value. 13. a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade name, if any P.O. Box, Bldg., Room No., if any N/A	12. b. Amount \$140.00 A and B above) or from any labor relations consultant to an employer any 14. a. Nature of payment.	
City Los Angeles, Ca. State Ca. ZIP Code + 4 90010 / 2421 C. Received from any employer (other than an employer covered under parts payment of money or other thing of value. 13. a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade name, if any P.O. Box, Bldg., Room No., if any N/A Street	12. b. Amount \$140.00 A and B above) or from any labor relations consultant to an employer any 14. a. Nature of payment.	
City Los Angeles, Ca. State Ca. ZIP Code + 4 90010 / 2421 C. Received from any employer (other than an employer covered under parts payment of money or other thing of value. 13. a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade name, if any P.O. Box, Bldg., Room No., if any N/A Street City	12. b. Amount \$140.00 A and B above) or from any labor relations consultant to an employer any 14. a. Nature of payment.	

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Name of Person Filing Mike Bergen	File Number U-	
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8. Name and address of Business (including trade name, if any).	9. Business deals with.	
Name		
Trade name, if any	a. Labor Organization ++++++	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street	o Canalana	
City	c. Employer	
State ZIP Code + 4		
10. If 9 b. or 9 c. is checked give trust or employer's name	11. a. Nature of such dealing. December 2004 / Christmas gift from	
Name George Pappy / Attorney At Law	Attorney.	
Trade name, if any Reich, Adell, Crost & Cvitan		
	11. b. Approximate dol ar value of such dealing. \$55.00	
P.O. Box, Bldg., Room No., if any	12. a. Nature of interest held or income received.	
Street 3550 Wilshire Blvd., Suite 2000		
City Los Angeles, Ca.	N/A	
State Ca. ZIP Code + 4 \$3010 / 2421		
	12. b. Amount \$55.00	
C .Received from any employer (other than an employer covered under parts payment of money or other thing of value.	A and B above) or from any labor relations consultant to an employer any	
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Name		
Trade name, if any		
P.O. Box, Bldg., Room No., if any N/A	N/A	
Street		
City		
State ZIP Code + 4		
·	14. b. Amount of payment.	

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